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Address to:
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Application Number	09/946,064
Filing Date	09/04/2001
First Named Inventor	Walter H Runkis
Art Unit	2151
Examiner Name,	UNK
Attorney Docket Number	RUNKIS-2

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number
Type Customer Number here

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Walter H Runkis				
Address	POB 593				
Address					
City	Botsford	State	CT	ZIP	06404
Country	USA				
Telephone	+1 203.445.9975		Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	Walter H Runkis
Signature	
Date	27 September 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.